

DIRECT FAX ACCOUNT INVOICE PAYMENT BY CREDIT CARD

ACCOUNT# _____

Customer's Telephone Number (____) _____

Customer's Credit Card Number _____

Credit Card Expiration Date _____

Month (mm) Year (yyyy)

Contact Individual's Name _____

Company Name _____

Company Address _____

Invoice Amount Due \$ _____

Billing Information for Credit Card Holder (as shown on credit card bill)

Name _____

Street Address _____

City, State, Zip Code _____

The maximum amount per transaction for payment of direct fax invoices by credit card is \$500.00. There will be a \$15.00 per transaction fee for any amount up to the maximum of \$500.00. If the amount due is greater than \$500.00, the fee must be processed by multiple transactions up to \$500.00 with a \$15.00 transaction fee for each transaction.

I understand that the above fees will be charged when paying the direct fax invoice by credit card.

Company representative signature: _____

Date: _____